

STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

100 N. Carson St. Carson City, NV 89701 Phone: 775-684-1100 Fax: 775-684-1108 555 E. Washington Ave., #3900 Las Vegas, NV 89101 Phone: 702-486-3420 Fax: 702-486-3768

www.ag.nv.gov

For official use only:
Received by:
Date Received:
Complaint Type:
Referred to: BCP GI IFU OML MFU MFCU PIU WCFU MC [Stamp here]

MISSING CHILDREN (MC) COMPLAINT FORM

The information you report on this form may be used to help us investigate violations of state laws. When completed, mail or fax your form and supporting documents to one of the office locations listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Attorney General's Office may contact you if additional information is needed.

INSTRUCTIONS: Please PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.

Name of Reporting Person:	
Type of Reporting Person (circle one): Parent of MC No	n-Parent Relative of MC Civil Attorney
Other (describe):	
Inquiry/Case Facts:	
YOUR FIRST STEP IS TO	O FILE A POLICE REPORT
Has a police report been filed (<u>circle one</u>)? Yes No If y	ves, complete the following information on both pages of form.
If you answered no to the above question, you must	go file a report with your local law enforcement agency!
Police Dept.:Ot	fficer Name: Phone:
Court order entered regarding custody status (circle one)? Yes	- No - Pending - Don't Know
Name/Location of Court where order entered:	
Type of order and date filed:	
****Please attach copy of police r	report and court order(s) to form.****
Reporting Person Contact Information:	Suspected Abductor Name and Contact Information:
Address:	Name:
Phone:	Address:
Martial Status (circle one): Married/Divorced/Separated/Other	Phone:
DOB:SSN:	Martial Status (circle one): Married/Divorced/Separated/Other
Race (circle one): White/Black/Hispanic/Asian/Other	DOB:SSN:
Ht: Wt: Hair: Eyes:	Race (circle one): White/Black/Hispanic/Asian/Other
Relationship to Child(ren):	Ht: Wt: Hair: Eyes:
Any instances of domestic violence (circle one)? Yes No	Relationship to Child(ren):
Name/Phone of your Attorney:	Any instances of domestic violence (circle one)? Yes No
	Date of Abduction:
	Social Networking Sites:

Child(ren) Name(s):

1:	2:
Name:	Name:
DOB:SSN:	DOB: SSN:
POB:	POB:
Race (circle one): White/Black/Hispanic/Asian/Other	Race (circle one): White/Black/Hispanic/Asian/Other
Ht: Wt: Hair: Eyes:	Ht: Wt: Hair: Eyes:
How long has child lived in Nevada:	How long has child lived in Nevada:
Was the child enrolled in school (circle one)? Yes No	Was the child enrolled in school (circle one)? Yes No
Name of School:	Name of School:
Date child last seen:	Date child last seen:
3:	4:
Name:	Name:
DOB: SSN:	DOB: SSN:
POB:	POB:
Race (circle one): White/Black/Hispanic/Asian/Other	Race (circle one): White/Black/Hispanic/Asian/Other
Ht: Wt: Hair: Eyes:	Ht:Wt: Hair: Eyes:
How long has child lived in Nevada:	How long has child lived in Nevada:
Was the child enrolled in school (circle one)? Yes No	Was the child enrolled in school (circle one)? Yes No
Name of School:	Name of School:
Date child last seen:	Date child last seen:
Name(s) of additional interested parties (for example: lef	t behind parent if civil attorney is reporting person):
Name:	Name:
Address:	Address:
Phone:	Phone:
Martial Status (circle one): Married/Divorced/Separated/Other	Martial Status (circle one): Married/Divorced/Separated/Other
DOB: SSN:	DOB: SSN:
Race (circle one): White/Black/Hispanic/Asian/Other	Race (circle one): White/Black/Hispanic/Asian/Other
Ht: Wt: Hair: Eyes:	Ht: Wt: Hair: Eyes:
Relationship to Child(ren):	Relationship to Child(ren):

Return <u>original</u> form to:

Any instances of domestic violence (circle one)? Yes No

Any instances of domestic violence (circle one)? Yes No

Office of the Attorney General – ATTN: Missing Children Unit 555 E. Washington Ave., #3900
Las Vegas, NV 89101
Fax: 702-486-3768
(Faxed copies will be accepted followed by original)

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